

AO 240 (REV. 10/03)

UNITED STATES DISTRICT COURT

RECEIVED

Middle

District of

Alabama

2006 JUN 14 A 9:41

CHARLES T. HALL #159264

Plaintiff

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

V.

JEAN HARTZOG, ET AL.

Defendant

CASE NUMBER:

2:06 cv 527 - WHA

I, CHARLES T. HALL # 159264 declare that I am the (check appropriate box)☐ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to part 2)
 If "Yes," state the place of your incarceration DONALDSON CORRECTIONAL FACILITY
 Are you employed at this institution? NO Do you receive any payment from the Institution? NO
 Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.
2. Are you currently employed? ☐ Yes ☒ No
 - a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your last employer.
 - b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
3. In the past 12 twelve months have you received any money from any of the following sources?

| | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

I RECEIVED MONEY FROM FAMILY ON A SPORADIC BASES. THE AMOUNT ONLY COVERS THE COST OF HYGIENE ITEMS SOLD IN THE CANTEEN HERE AT DONALDSON.

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

In the United States District Court **RECEIVED**
 For the **MIDDLE** District of Alabama **JUN 14 A 9:41**

DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS

I, CHARLES T. HALL #159264

declare that I am the petitioner in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? Yes () No ☒

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

N/A

b. If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.

N/A

2. Have you received within the past twelve months any money from any of the following sources?

- a. Business, profession or form of self-employment? Yes () No ☒
 b. Rent payments, interest or dividends? Yes () No ☒
 c. Pensions, annuities or life insurance payments? Yes () No ☒
 d. Gifts or inheritances? Yes () No ☒
 e. Any other sources? Yes ☒ No ()

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months. I RECEIVE MONEY FROM FAMILY ON A SPORADIC BASES. THE AMOUNT ONLY COVERS THE COST OF HYGIENE ITEMS SOLD IN THE CANTEN HERE AT DONALDSON.

3. Do you own cash, or do you have money in a checking or savings account?

Yes () No ☒ (Include any funds in prison accounts.)

If the answer is "Yes," state the total value of the items owned.

N/A

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes () No (X)

If the answer is "yes," describe the property and state its approximate value.

N/A

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

N/A

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Executed on 05-22-06
(date)

Charles T. Hall
Signature of Petitioner

#159264

CERTIFICATE

I hereby certify that the petitioner herein has the sum of \$ 0.02 ^(mc)
on account to his credit at the WM E Donaldson
institution where he is confined on this 23 May 2006
(date)

I further certify that he has had the average sum on account at this institution as of the first day of each month of the immediate preceding months (not to exceed six (6) months.)

| | | | |
|----|----|-------|-------------------------|
| 1. | \$ | _____ | on the 1st day of _____ |
| 2. | \$ | _____ | on the 1st day of _____ |
| 3. | \$ | _____ | on the 1st day of _____ |
| 4. | \$ | _____ | on the 1st day of _____ |
| 5. | \$ | _____ | on the 1st day of _____ |
| 6. | \$ | _____ | on the 1st day of _____ |

**COPY FOR COURT
ATTACHED**

My Commission Expires

5/31/2008

Elmyn M. Coleman, Account Clerk
Authorized Officer of Institution

Patricia H. Jensen
Nationally

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
W.E. DONALDSON CORR. FACILITY

AIS #: 159264

NAME: HALL, CHARLES T.

AS OF: 05/23/2006

| MONTH | # OF DAYS | AVG DAILY BALANCE | MONTHLY DEPOSITS |
|-------|--------------|----------------------|---------------------|
| MAY | 8 | \$0.01 | \$0.00 |
| JUN | 30 | \$33.92 | \$147.00 |
| JUL | 31 | \$5.65 | \$0.00 |
| AUG | 31 | \$13.61 | \$120.00 |
| SEP | 30 | \$84.32 | \$300.00 |
| OCT | 31 | \$14.07 | \$50.00 |
| NOV | 30 | \$4.66 | \$140.00 |
| DEC | 31 | \$7.61 | \$0.00 |
| JAN | 31 | \$0.02 | \$0.00 |
| FEB | 28 | \$0.02 | \$0.00 |
| MAR | 31 | \$0.02 | \$0.00 |
| APR | 30 | \$0.02 | \$0.00 |
| MAY | 23 | \$0.02 | \$0.00 |

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